F20000002292

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



800345029328

RECEIVED

T GLASS MAY 21 2020 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 298394 7512443 | | | | | | |
| AUTHORIZATION : Spelle belle so | | | | | | |
| COST LIMIT : \$ 70.00 | | | | | | |
| ORDER DATE: May 19, 2020 | | | | | | |
| ORDER TIME : 9:21 AM | | | | | | |
| ORDER NO. : 298394-005 | | | | | | |
| CUSTOMER NO: 7512443 | | | | | | |
| | | | | | | |
| FOREIGN FILINGS | | | | | | |
| NAME: TRAILER BRIDGE INTERNATIONAL, INC. | | | | | | |
| XXXX QUALIFICATION (TYPE: CO) | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | | | |
| CONTACT PERSON: Kadesha Roberson EXT# 62980 | | | | | | |

EXAMINER:

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--|--|---------------------|--|--|
| SUBJ | ECT: Trailer Bridge International | Inc. | | |
| ~ ~ ~ ~ ~ | | of corporation | - must include suffix | |
| Dear S | ir or Madam: | | | |
| "Certif | closed "Application by Foreign C icate of Existence," or "Certificat referenced foreign corporation to | e of Good Stan | ding" and check are subm | |
| Please | return all correspondence concerr | ning this matter | to the following: | |
| Nathan | Coverdale | | | |
| | · · | Name of l | Person | · · · · · · · · · · · · · · · · · · · |
| Trailer | Bridge International, Inc. | | | |
| | | Firm/Com | pany | |
| 10405 | New Berlin Road East | | | |
| | | Addre | SS | |
| Jackson | nville, Florida 32226 | | | 5 |
| _ | | City/State ar | id Zip code | -; |
| ncovere | dale@trailerbridge.com | | | |
| | E-mail addres | s: (to be used for | or future annual report no | tification) |
| For fur | ther information concerning this i | natter, please c | all: | • |
| | | | | ∵ 3 |
| Nathan | Coverdale | 904 at (| _) | · · · |
| | Name of Person | Area Code | Daytime Telepho | one Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Please r | ed is a check for the following ammake check payable to: FLORIDA D. .00 Filing Fee | EPARTMENT ng Fee & | OF STATE \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| Frailer Bridge Ir | nternational, Inc. | | |
|---|--|---|------------------------------------|
| | orporation; must include "INCORPORATED orp." "Inc." "Co." or "Corp.") | " "COMPANY," "CORPORATION." | |
| | ible in Florida, enter alternate corporate name | | |
| Delaware | y under the law of which it is incorporated) | 84-4126559 | |
| (State or country | y under the law of which it is incorporated) | (FEI number, if applicable | e) |
| Dazambar 1 20 | 19 | | |
| (Date of incorporation) 5. | | (Date of duration, if other than pe | rpetual) |
| Upon Filing. | | | |
| 10405 New Berli | | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | |
| | | ice <u>street</u> address) | |
| | | | |
| | | | |
| | | ng address, if different) | |
| | (Current maili | ng address, if different) | |
| Name and stree | (Current mailing) t address of Florida registered agent: (P.0) | ng address, if different) | .20. |
| Name and stree | (Current maili | ng address, if different) | 20:3; |
| Name: | (Current mailing) t address of Florida registered agent: (P.O.) | ng address, if different) | 20:3;: |
| Name: | (Current mailing taddress of Florida registered agent: (P.Corporation Service Company) 1201 Hays Street | ng address, if different) D. Box <u>NOT</u> acceptable) | 20:3: 5:00 |
| Name: | (Current mailing taddress of Florida registered agent: (P.C.) Corporation Service Company 1201 Hays Street Tallahassee | ng address, if different) D. Box NOT acceptable) , Florida 32301 | |
| | (Current mailing taddress of Florida registered agent: (P.Corporation Service Company) 1201 Hays Street | ng address, if different) D. Box <u>NOT</u> acceptable) | |
| Name: ffice Address: Registered age | (Current mailing taddress of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street Tallahassee (City) | ng address, if different) D. Box NOT acceptable) , Florida 32301 (Zip code) | 0 777:36 |
| Name: ffice Address: Registered age aving been name | (Current mailing that address of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street Tallahassee (City) nt's acceptance: ed as registered agent and to accept service. | ng address, if different) D. Box NOT acceptable) , Florida 32301 (Zip code) ice of process for the above stated corpo | 0 7: 3 Oration at the pi |
| Name: ffice Address: Registered age aving been namesignated in this | (Current mailing taddress of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street Tallahassee (City) | ng address, if different) D. Box NOT acceptable) , Florida 32301, Elorida (Zip code) ice of process for the above stated corponent as registered agent and agree to acceptable. | oration at the part in this capaci |
| Name: ffice Address: Registered age aving been namesignated in this rther agree to co | (Current mailing taddress of Florida registered agent: (P.C.) Corporation Service Company 1201 Hays Street Tallahassee (City) nt's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints | ng address, if different) D. Box NOT acceptable) , Florida 32301 (Zip code) ice of process for the above stated corponent as registered agent and agree to acceptative to the proper and complete performance. | oration at the part in this capaci |
| Name: ffice Address: Registered age aving been namesignated in this rther agree to conditional | (Current mailing taddress of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street Tallahassee (City) Int's acceptance: The description of the appointed agent and to accept serve application, I hereby accept the appointed apply with the provisions of all statutes of with and accept the obligations of my possible agent. | ng address, if different) D. Box NOT acceptable) , Florida 32301 (Zip code) ice of process for the above stated corponent as registered agent and agree to acceptative to the proper and complete performance. | oration at the part in this capaci |
| Name: ffice Address: Registered age aving been namesignated in this rther agree to conditional | (Current mailing taddress of Florida registered agent: (P.C. Corporation Service Company) 1201 Hays Street Tallahassee (City) nt's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes is with and accept the obligations of my poorporation Service Company | ng address, if different) D. Box NOT acceptable) , Florida 32301 (Zip code) ice of process for the above stated corponent as registered agent and agree to acceptative to the proper and complete perforsition as registered agent. Kadesna Roberson. | oration at the part in this capaci |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| A. DIRECTORS | | | | | | | |
|--|-------------------------------------|------------------------------------|--|--|--|--|--|
| □Chairman | Name: Nathan Coverdale | □Chairman | Name: | | | | |
| □Vice Chairman | Address: 10405 New Berlin Road East | □Vice Chairman | Address: 10405 New Berlin Road East | | | | |
| □Director | Jacksonville, FL 32226 | ■Director | Jacksonville, FL 32226 | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| Secretary | ■ Treasurer | □Secretary | □Treasurer | | | | |
| □Other | Other | □Other | | | | | |
| □Chairman | Jaime Fonalledas | □Chairman | David Kretschmer Name: | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address:10405 New Berlin Road East | | | | |
| ■Director | Jacksonville, FL 32226 | Director | Jacksonville, FL 32226 | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| ☐ Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | | |
| □Other | | □Other | □Other <u>~</u> | | | | |
| ■Chairman □Vice Chairman □Director | Name: | □Chairman □Vice Chairman ■Director | Mitch Luciano Name: 10405 New Berlin Road East Address: Jacksonville, FL 32226 | | | | |
| □President | <u> </u> | □President | 0 | | | | |
| □Vice President | · | □Vice President | | | | | |
| □Secretary | ☐ Treasurer | Secretary | □Treasurer | | | | |
| □Other | Other | □Other | | | | | |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer | | | | | | | |

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Nathan Coverdale, Secretary and Treasurer

11. A. DIRECTORS (continued)

Bruce Weins, Director 10405 New Berlin Road East Jacksonville, FL 32226

Charles Gittens, Director 10405 New Berlin Road East Jacksonville, FL 32226



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRAILER BRIDGE INTERNATIONAL, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRAILER BRIDGE INTERNATIONAL, INC." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 202958011

Date: 05-19-20